

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		1-22-01
O.I.P.E. CLASSIFIER		10	7-1-01
FORMALITY REVIEW	BS	TC3-883	08-23-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6-28-01
2	✓	✓	6-28-01
3	✓	✓	6-28-01
4	✓	✓	6-28-01
5	✓	✓	6-28-01
6	✓	✓	6-28-01
7	✓	✓	6-28-01
8	✓	✓	6-28-01
9	✓	✓	6-28-01
10	✓	✓	6-28-01
11	✓	✓	6-28-01
12	✓	✓	6-28-01
13	✓	✓	6-28-01
14	✓	✓	6-28-01
15	✓	✓	6-28-01
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42	✓	✓	6-28-01
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45	✓	✓	6-28-01
46	✓	✓	6-28-01
47	✓	✓	6-28-01
48	✓	✓	6-28-01
49	✓	✓	6-28-01
50	✓	✓	6-28-01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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